

PAYROLL REQUEST FORM



This request is for: (Please Print)

Employee Name _____

Emp ID (SSN) _____

Phone # _____

Nature of Request: (Please check one)

_____ Stop Payment & Reissue of Pay Check

Indicate Pay Date _____

_____ Wage Verification

_____ Duplicate W2

Indicate Year _____

_____ Duplicate Pay Stub for Pay Date(s) _____

_____ Other

_____ Please call me.

_____ Please call me when the above information is
ready for pick up.

_____ Please mail the information to this address:

Signature _____

Date _____

This form may be faxed to the Payroll Office at 240-777-8843. The Payroll Section will complete your request within seven business days from the date it is received.